



SUMMER DAY CAMP

Summer
Recreation Registration

ST. LOUIS DEPARTMENT OF PARKS, RECREATION & FORESTRY
RECREATION DIVISION PROGRAM REGISTRATION
June 10 - July 26, 2013

Requested Recreation Center or Park _____

Date _____

In order to register, please complete this form. You may then mail or bring it to the Day Camp you are requesting or to the Parks and Recreation office at 5600 Clayton Ave (In Forest Park), St. Louis, MO 63110.

CAMPER INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Birthdate _____ Age _____ Sex ☐ Male ☐ Female

Ethnicity (Select one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Select all that apply)

☐ American Indian or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Black or African American and White

☐ Asian

☐ White

☐ American Indian or Alaska Native and Black or African American

☐ Black or African American

☐ American Indian or Alaska Native and White

☐ Other

EMERGENCY CONTACT INFORMATION

Name _____ Name _____

Relationship _____ Relationship _____

Phone No. _____ Phone No. _____

Does your child take any medication? ☐ Yes ☐ No

If Yes, please list. _____

Does your child have any medical conditions? ☐ Yes ☐ No

If Yes, please list. _____

Does your child have any allergies? ☐ Yes ☐ No

If Yes, please list. _____

Liability Release: I hereby release and hold harmless from liability the City of St. Louis, the Department of Parks, Recreation and Forestry and its employees and representatives

Signature _____ Date _____